

# LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. IV.

LOUISVILLE, DECEMBER 15, 1877.

No. 24.

## "WHO IS DAZZLE?"

The fashionable subject for discussion just now in the medical journals of America is the relations of Dr. Chas. G. Polk, of Philadelphia, to the medical profession, provided he has any. Dr. Polk is the reputed inventor of the highly-euphonious and physiological "glycerite of kephaline," an account of which appeared in this journal some months gone by, both in the reading and advertising columns. The first came to us from "Dr. E. Wiley," of Philadelphia (June 2d). The title of the article sounding something like a "Cerebrate of Blowhard," we turned it over to a therapeutical friend to examine. He reported favorably, however, and the piece went in. The advertisement came, some months later, from a responsible party in Louisville, and has, we suppose, been paid for.

Dr. Polk has appeared in almost all the journals of the country with articles and advertisements; in fact, outside of the American Bi-, there is no one in the country who can lucubrate like Dr. Polk. When people came to compare noses, however, there appeared to be a wonderful sameness about Dr. P.'s effusions, and the suspicion arose that he was getting half his advertisements for nothing. That would n't be so bad, as some people we could name get the whole of theirs on the same terms; but it turns out that Dr. Polk is what our neighbor would call an "onregular"—an Eclectic; and, worst of all, one of the professors in the old "Buchanan Diploma Mill," of Philadelphia, which has brought such disgrace upon this country. Dr. Polk says he is not and never was a professor in that institu-

tion; that he is a regular physician under the laws of the American Code of Ethics, etc., etc.

So far the evidence appears to be against Dr. Polk, as his name is found printed with those of the disgraceful crew which ran the diploma mill (and this year, too). But it seems to us that this matter ought to be very easily and thoroughly disposed of. The charges against Dr. Polk are very explicit, and ought to be either proved or disproved distinctly. The editor of the Medical Times and the editor of the Medical and Surgical Reporter dwell together in the city of Dr. Polk in a unity which all the world knows (there is a talk, in fact, of their getting out a *materia medica* together); and if there is one thing which exceeds the devotion of these two gentlemen to each other it is that of either to the interests of medicine. Let them therefore form themselves into a commission, sit immediately upon Dr. Polk, and inform their brethren in the provinces who the thunder he is.

Meanwhile waiting the decision of the commission, let us admire the promptness of the American medical press, which at the first alarm rises almost to a man to kick an—Eclectic, real or supposed.

H. R. H. has withdrawn his patronage from the Throat Hospital in Golden Square, London, and the loyal British medical journals grow hoarse in denouncing that pharyngeal charity. Meanwhile Mackenzie seems to be holding the fort unabashed at the prospect of the laryngoscopic committee which is to place a mirror behind his affairs for the benefit of the curious.

## Original.

### A CLINICAL LECTURE ON APHASIA.

BY L. P. YANDELL, JR., M. D.,

*Professor of Clinical Medicine and Therapeutics, University of Louisville.*

*Gentlemen:* Many of you will recollect a remarkable case of syphilitic aphasia which I brought before you last winter. As I have had occasion to refer to that case already, and as you will find a full history of it in the last number of the Louisville Medical News (December 8th), I shall not incorporate it in my remarks to-day.

*Aphasia* means literally absence of speech. *Aphemia* has the same meaning. *Alalia* means absence of articulation. *Amnesia* means forgetfulness—absence of memory. *Asymbolia* means inability to collect words. *Agraphia* means inability to convey words or ideas by writing, and sometimes this inability exists as to all other signs made by the hand or other portions of the body. At the present day the term aphasia is adopted with a broad signification embracing all these conditions. The case I present to you now, and the brief notes of eleven other cases which I shall give you, will convey to your minds, I hope, a clear idea of this most curious, interesting, and somewhat rare manifestation of disease.

The patient before you is William Wood, an Englishman, forty-five years old, by occupation a gardener and gentleman's servant. So much we learn from letters in his possession, in which also he is spoken of as a sober, industrious, and most worthy person. He impresses one as a very intelligent and decent man, and possesses the deferential manners of an English servant. He was brought to the hospital, on the evening of November 10th, in a totally unconscious, insensible condition, with eyes wide open, pupils normal and responding readily to light. Had involuntary passages of feces and urine, and vomited, shortly after admission, a large amount of undigested food. An extensive contusion occupied the right

eye and brow. At intervals of three or four minutes convulsions occurred, lasting two or three moments; the entire right side being convulsed, the left remaining intact. He was brought to the hospital from Macauley's Theater, where Mr. Booth was playing "Brutus." He uttered a peal of loud, strange laughter, and fell forward in a fit. He was immediately carried out and brought to the hospital, where he remained in a stupor during the night. After a few doses of bromide of potash the convulsions ceased, but whether this was due or not to the bromide I can not say. Next morning, November 11th, I examined him. Upon the right side of his head, from forehead back, extended an immense scar, due to the kick of a horse he told us. In one groin was a cicatrix, and on the legs and arms were several others, small and roundish, but of non-syphilitic appearance. His right side was slightly paralyzed, and his walk was dragging and unsteady. His tongue he moved perfectly from side to side and up and down, but his speech was a trifle thick in making the labial sounds. The following questions were asked by me and replied to by him: Your name? "William Wood, sir." Your age? "Fifty years old, sir." Your occupation? "Flour-dealer, sir." Your home? "Pittsburgh, sir." Married? "Yes, sir." Name of wife? "Amelia, sir." How long in America? "Eighteen years, sir." How long married? "Eighteen years, sir." How many children? "Eighteen, sir." Age of eldest? "Eighteen years, sir." Age of second? "Eighteen years, sir." And so he went on giving eighteen years as the age of all his children and of his wife also. Have you had pox? "Yes, sir." How long since? "Eighteen years, sir." How did your sickness begin? "Had applepleptip fit, sir." His p's he gets out badly. How long since? "Twelve years ago, sir." In reply to questions, he said he belonged to the Church of England; never went to the theater; could say the creed, Lord's prayer, etc. His attempts to repeat the creed and prayer, however, were absurdly abortive, but I need not

recount them. He could repeat but four or five letters of the alphabet, and his counting was no better. The efforts to think and talk seemed distressing, and the interrogations were dropped. Mislead by his answers, I ordered him iodide of potash, presuming his malady originated from syphilis. Next morning, November 12th, he was again examined. He had no recollection of the previous day, and was astonished at the statements he was told he had made. His mind was much clearer, and his paralytic symptoms had decreased. He said he could write his name, but upon taking the pencil was only able to make W and some unmeaning marks. He repeated the alphabet, only omitting the letters from R to W, but could not repeat the creed or Lord's prayer. He answered that he was never married; had no children; never was a flour-dealer; never was in Pittsburgh except in passing through to Louisville in search of work as a gardener; never had syphilis. His scars came from boils. Had his first fit twelve years ago, while at work in the garden. Got the scalp-wound, which did not involve the bone, from a horse's kick after the first convulsion, so that this could not have caused the convulsion. Has had no attack since until his last one, of which he has no personal knowledge. Has no recollection of being at the theater, and never goes to the theater under any circumstances. To-day, November 13th, his intellectual condition is still further improved. The iodide of potash was discontinued after he denied the syphilis. He took but a dram of this medicine, and I am sure it was without effect. He reiterates all the statements made in yesterday's interview. He remembers many events transpiring on the 10th, the day he was at the theater, but has no recollection of going there or being there. Says he has had dumb chills for some months, and left his last situation, in the Eruptive Hospital, in Brooklyn, N. Y., upon that account, and his letters of recommendation prove this. He says that after his first fit, twelve years ago, in Canada, he was in bed three months

owing to right hemiplegia, and was disabled from work two years. He is getting bromide of potash, iron and quinine, and good diet. Dr. Cornic, my excellent clinical assistant, kindly preserved the accurate notes I have given you of this case.\*

CASE II.—The first case of aphasia I ever saw, or at least recognized, was in May, 1868. A friend engaged in literary pursuits called at the office for medical advice. I asked his ailment. He replied, "I've got—I had—I've—I've—O, I can't think of the thing." A headache? "Yes, a headache." How long out of sorts? "I've been—I've—that's curious!" Three or four days? "Yes, three days." What have you taken? "I took some—I took some er some er—O, I got it from the druggist. It is a simple thing. I know it just as well! Why it's—it's—plague it, I can't call the word." Although the gentleman was a man of pure morals and blameless habits, I began to fear he had drank too much wine. So, very apologetically, I inquired; but he denied the soft impeachment. Taken any opium? "No." Hasheesh? "No." Belladonna? "No." Bromide? "No." Aconite or stramonium? "No." His tongue was coated and skin a trifle sallow. After prolonged but fruitless effort to gain any further information from the patient, he was requested to go to the apothecary, and endeavor to ascertain what medicine he had gotten. Just as he got outside the door he rushed back, his face beaming with delight, and exclaimed; "Blue mass! Ten grains of blue mass! That's it!" His tongue seemed now set free, and he explained that he had "over-worked his brain; was bilious, dyspeptic," etc. He had a masked intermittent, and a calomel purge and some quinine cured him directly.

CASE III.—During my service in the City Hospital in the fall of 1868 a young man

\*On the 20th William Wood was perfectly well, and left the hospital to look for work. I have seen him to-day, December 2d; and although completely restored to health he is still oblivious to every thing that transpired from the 10th of November, about two o'clock, up to the time he came to himself in the hospital. He can not believe he was at the theater.

was brought into the medical ward in an insensible condition, and the persons who brought him left no history of his case except that he had had a fit. He was emaciated and dirty, and his lower limbs were thickly dotted with ecthymatous sores about the size of your thumb-nail or smaller. Destructive ulceration of the right eye was in progress, and blindness of course followed this. His skin was cold, his pulse was feeble and irregular, and valvular disease of the heart was found to exist. On the third and fourth days he began to show some vitality, and, in addition to the milk which had been given him in small quantities, iron and bromide of potash were ordered. Within a week he was sitting up and endeavored to talk. He had no paralysis of the tongue or elsewhere. He could not tell his name, or count, or repeat the alphabet, or, indeed, utter any word except "yes" and "no." He seemed to have ideas, but no memory of words. Day by day he grew stronger. His first word after "yes" and "no" was "my." A comb he called "my." A toddy he called "my." When asked his name he said "my." His ideas returned faster than his language, and when he found himself unable to produce his thoughts in words he evinced annoyance. He would attempt to write, but made only unmeaning marks. His sores did not look syphilitic, and he only got iron, bitter tonics, and the bromide. Whether from the medicine or not, he recovered his general health completely and his speech so far as to be able to leave the hospital at the end of three months. He had no knowledge of having had a convulsion. He was a printer, a native of Rochester, New York; never had syphilis, had had acute rheumatism, had been very dissipated, and had suffered from want and exposure. This account of himself he gave when he was recovered.

CASE IV.—Mr. N., a prosperous merchant, aged forty-eight, delicate, dyspeptic, nervous, and subject to sick-headaches, but an exceedingly bright, vivid business man, suffered an attack of break-bone fever on returning from

a fatiguing trip in Arkansas in 1861. In two weeks he was out of doors, but excessively nervous. Frequent attacks of exquisitely painful neuralgia of the foot now came on at irregular intervals. The neuralgia gradually crept up the limb, but never got higher than the hip. In 1865 chills or chilly sensations came on and the neuralgia disappeared. He was now much annoyed by mites before his eyes, and dyspepsia, constipation, and deranged kidneys gave him great trouble, and his nervousness was most distressing. One night soon after retiring he said to his wife he would turn on his left side, thinking that would make him more comfortable. Almost instantly he snored loudly, as if in a profound slumber. Disturbed by the noise, his wife endeavored to get him to change his position. "Are you asleep already?" she said, shaking him. He made no reply, and she soon discovered that he was unconscious to all sounds. Medical aid was quickly summoned. For two hours he remained comatose. When the coma passed, entire paralysis of the right side was discovered. A complete silence of three months followed the apoplectic stroke. Suddenly one day he exclaimed, "Out there!" but he could not repeat the sentence, and a total silence of months followed. Gradually, however, words have come to him, till now he has quite a vocabulary; but he uses only monosyllables or very short sentences. He is a regular attendant on church, and expresses his opinion when asked as to the sermon by "Very good, sir," or "Not very good, sir." "That's a fact, sir," he uses very frequently; and when his health is inquired after he always replies, "Getting better, sir." He invariably says "No, sir" to both sexes and "Yes, ma'am" to both sexes. He can sign his name, but not write more, and can not read anything. The paralysis of his leg is perceptible in his walk, but he gets about quite rapidly. His arm and hand are as strong as ever, but both are ataxic. He has strength in them, but not the power of co-ordination. This patient was called to see in a convulsion in 1870, at



which time I got from his wife the history of the case, except what I have observed from personal intercourse with the gentleman.

CASE V was furnished to me by a friend. An old Virginia gentleman, given to horse-racing, fox-hunting, high living, and free drinking, was stricken by right hemiplegia and total aphasia. After a while the paralysis diminished and his speech returned to a limited extent. His only language, however, now was oaths; and whether asking questions, extending hospitality, giving orders, or caressing his little grandchildren, his efforts at speech only produced oaths. It is a curious fact that in many aphasics the oaths alone remain to represent ideas.

CASE VI.—A little negro race-rider, aged thirteen, was accidentally shot in the left nostril, the ball apparently going straight back. He fell, and for some moments was convulsed, then was comatose for several hours, and this was followed by delirium. During the delirium he swore terribly and almost incessantly. In a few weeks he was going about in apparent comfort, but totally deaf and very silent. After a couple of months he became entirely dumb, and at the end of six months died of what we deemed inflammation of the base of the brain.

CASE VII.—A physician a relation of mine soon after completing his medical education took typhoid fever. During convalescence he discovered to his horror that he had lost the arts of reading and writing. Fortunately both returned when his health was fully restored.

CASE VIII.—A son of this gentleman, also a physician, advanced in life, but of vigorous and unusually active mind, mentioned to me one day that he had been alarmed to find that several times lately he had been unable to think of the names of familiar streets or to call to mind the names of old friends. I soon discovered that he had a deranged stomach and general malaise from dumb chills. Quinine quickly dispelled his aphasia. Always he has been more or less given

to calling one of his children or grandchildren by another's name, and when "out of sorts" he is especially prone to this aphasic symptom.

CASE IX.—A son of the last-mentioned gentleman, also a physician, has had numberless temporary flashes of aphasia, always connected with deranged stomach, from malarial poison, and always promptly dispelled by a calomel purge, bicarbonate of soda, and liberal doses of quinine. On one occasion in a medical society he rose to correct the minutes, in which he was not properly quoted. Said he, "Mr. President, I am made to say so and so," repeating what had been read, "when in fact I said—I said—I'm sorry to say I can't tell now what I did say. I have a temporary aphasia, to which I am subject, from dumb chills." However, in a few moments his recollection came to his rescue, and he repeated what he wished to say.

CASE X.—A bright little girl three years old, a child of the physician alluded to in Case IX, became unusually irritable, and at the same time showed a remarkable absence of mind. She would order a cup of tea from the kitchen, and before the servant returned would become impatient for it, and yet forget what it was she had ordered, and would appeal to some one to tell her what she had asked for. She also frequently forgot her own name, and could not call the names of toys and pictures with which she was perfectly familiar. Her tongue was coated, her breath bad, her sleep restless, and I discovered that she had a masked intermittent. She got well directly on quinine, and her aphasia vanished with her malaria.

CASE XI.—A young lady was thrown violently from her horse on to her head, and received a depression of the bone just back of the mastoid process on the left side of the skull. For several days the patient was comatose. Consciousness gradually returned, and in a week she recognized her medical attendant and talked to him freely, but straightway when he was gone she forgot his visit, desired to see him, and complained of

his neglect of her. It is now something more than two weeks since the accident. She is going about, and remembers every thing up to the half hour before she mounted the horse. Her mother says they had a prolonged discussion as to the advisability of going on so long a jaunt as the daughter projected, so late in the day. After getting in the saddle the girth was found to be too loose, but she said she would ride on to a friend's and have it tightened. She did so, and had a merry chat of some moments with a gentleman friend while the girth was being arranged. As she started off the gentleman playfully gave her nag a cut with a switch. The horse plunged and threw his rider, with the result mentioned. The young lady can not be made to recall any thing connected with her ride. She does not remember either conversation, the incident of the girth, or any thing about it. This case is a patient of my colleague Prof. Bodine.

CASE XII.—A young man was driving a rockaway containing his mother and sister. The horse, frightened by a vicious dog, wheeled suddenly and threw the driver out, fracturing and depressing the right parietal protuberance. For some time he was comatose, and for several months was in a semi-conscious condition. Finally he got upon his feet, but his mind was disordered; and though he conversed limitedly on ordinary topics, he could not be made to remember the drive, the rush of the dog at his horse, or the horse's panic. Three years after the accident this man came under the care of Dr. David Cummins, of this city, suffering at the time from catalepsy. The patient stood in any position in which he was placed, and held his limbs indefinitely in the posture given to them, snoring all the time.

Dr. Cummins trephined his patient, and improvement of his general condition occurred rapidly. On the fourteenth day he seemed to wake up thoroughly, and his first words were to his sister standing by. He seemed to take up the thread of his life exactly where he had left it off three years

before. "Did you or mother get hurt?" said he. "And what became of the horse? Did he smash up the rockaway?" He recovered and retained his health and memory from this time.

These cases are sufficient to illustrate the various forms of aphasia, and now a few words as to its pathology and treatment.

Aphasia may be functional or organic, temporary or permanent, and in either case may vary widely in its extent.

The temporary cases are probably due to reflex irritation or to temporary cerebral congestion, and the permanent cases are due to some serious cerebral lesion.

It is commonly held, or at least widely held, that the organ of speech exists in the left side of the brain and in the posterior portion of the third frontal convolution, and certainly in most cases of severe aphasia the seat of disease seems to be located on the left side of the cerebrum, though there are not a few exceptions to this. May it not be that most persons are left-brained, but that some are right-brained as we find them right-handed and left-handed. Many physiologists deny that the function of speech is localized any where in the brain.

Dr. Austin Flint, jr., the highest American authority, and one of the highest in the world, holds to the theory of localization in the left brain.

#### TREATMENT.

Aphasia, like most diseases, should be treated with reference to its cause, when this can be discovered. If from malaria, dyspepsia, stimulants, over-work, syphilis, or depressed bone the course of treatment is obvious, and usually proves successful. If from a clot, effusion, softening, or tumor, or connected with diabetes or albumenuria, little may be expected from medication, though time may do much good.

If you would read the most charming account of aphasia which I have ever had the pleasure to meet with, you will find it in "Trousseau's Clinical Lectures."

LOUISVILLE.

## Miscellany.

In the American Medical Bi-Weekly for December 8th there appears the following paragraph:

"THE BI-WEEKLY FOR 1878.—As arrangements are being made to still further improve the Bi-Weekly during the coming year, and as in the management of this Journal the earnest desire of the editor is to make it as practical as possible and as useful to its supporters, any suggestions which may be made in regard to meeting any of the wants of the Profession will be received with pleasure."

By some stupidity upon the part of the carriers, a number of the letters written in response to these interrogatories were left at our office. Having been "opened by mistake," and we having seen what complimentary remarks they contained concerning our excellent contemporary, we feared its well-known modesty would never let the world see them if sent to that office, and so we give them just here.

"DOC: She's bully! Don't change her a bit. Play her as she lays, and she is bound to go through.

"Your old pard, JACK HIGH."

"P. S.—Did you know I named my boy after you—Bi-Weekly Gilfillan? They say he looks like Hamlet. Have you got any more Binninger?

"POKER FLAT, —."

"To E. S. GILFILLAN, M. D., etc."

"DEAR DOCTOR: I think a few pictures would add (if any thing could) to the interest of the journal. Suppose you have the mannikin and wax-model photographed and published, one in January and the other in July. Dear old things! how often I have thought about them and longed to see them again.

Yours,

"Alumnus, '73."

"To E. S. GILFILLAN, M. D., etc."

[Extract.]

"—: Can't you get the Mustang-liniment man to write again? He's the man for my three dollars. I have been trying Perry Davis's Pain-killer in typhoid fever of late with excellent results. Will send notes.

JONES.

"To E. S. GILFILLAN, M. D., etc."

"DEAR DOCTOR: John always reads your journal out, and I think it such a sweet journal that I wonder how it could be improved. We take Dr. Hostetter's magazine, and I think the jokes in yours are so much better, and besides they are all so nicely explained. But O how I do love your sweet editorials! I don't

see how any body could write those splendid, long sentences. I hope the hateful NEWS man is dead.

"JEMIMA —."

"To E. S. GILFILLAN, M. D., etc."

"DEAR DOCTOR: If you could manage to squeeze in something upon school matters now and then, I think it would be better. The country is thirsting for educational news. By the way, there is a bet pending here as to what side you took in the Michigan fuss. Let's hear from you. — BROWN.

"To E. S. GILFILLAN, M. D., etc."

"DOC: Don't draw it so mild. People will begin to think you aint got no spirit. Git mad. Call 'em names. Throw mud. Give them the devil.

"SMITH.

"To E. S. GILFILLAN, M. D., etc."

"MY DEAR DOCTOR: I have read Dr. Smith's letter, and join with him in suggesting that somewhat more severity mark your style. We have been seriously apprehensive that your forgiving disposition and amiable temper would allow your enemies to pass unnoticed. I have no special suggestions to make, unless perhaps you change the journal to a bi-ennial or semi-centennial. Such heavy metal should not be wantonly shot.

"Truly yours, PERCY DE MORTIMER, M. D.

"To DR. GILFILLAN."

ANURIA LASTING TWENTY-FIVE DAYS — RECOVERY. — The following extraordinary case, occurring as a sequela of scarlet fever, is reported by Dr. William Whitelaw. The subject was a healthy boy of eight years. December 3d his urine was observed to be scantier than usual, and the amount decreased rapidly till the 7th, when only one drachm was passed, and from this date up to the 21st not a single drop, and yet, with the exception of a slight headache, his general health was excellent. During this time diuretics and diaphoretics were tried without effect. On the 19th a blister was applied over the kidneys, and in twenty hours two ounces of urine were passed, when complete suppression again occurred. The blister was re-applied on the 27th, but with no success. Diaphoretics and purgatives were now discontinued in the hope of forcing the kidneys to act, but no change became apparent in the condition of the patient, who still continued in excellent health. On December 31st very slight œdema of the feet and ankles appeared, and on the morning of

January 2d one drachm of urine was passed. On the same day electricity was applied to the spine and through the kidneys, and a small catheter passed into the bladder, in the hope of exciting reflex action. On the 3d and 4th of January about the same quantity of urine was passed daily, and on the 5th a whole pint was voided in small quantities at eight different times. Since then the kidneys have acted well, and the boy has (January 12th) recovered.—*The Lancet*.

"Prof. Bartholow's Treatise on Materia Medica and Therapeutics has been issued by Appleton in a new and enlarged edition, and may now be obtained from any of the booksellers. The success of the first edition must have been most gratifying to the author, as we learn that nearly three thousand copies have been sold since its appearance, less than one year ago."

The above is from the Clinic, which is edited by Dr. Bartholow. We are glad to know of Dr. Bartholow's success with his book, and gladder still that Dr. Bartholow has taken pains to bring the pleasant intelligence to Dr. Bartholow's notice. We hope Dr. Bartholow will continue to inform Dr. Bartholow of Dr. Bartholow's good fortune.

**A LADY PRACTITIONER IN DISGUISE.**—A Dr. James Barry served as surgeon in the British Army for more than fifty years, during which time he held many important medical offices, and gained an enviable reputation as a cool and skillful operator. He was of a very irritable temper, and, while stationed at the Cape of Good Hope, fought a duel. Notwithstanding frequent breaches of discipline, he attained high rank in the army, served in many parts of the world, and in 1865 his name stood at the head of the list of inspectors-general of hospitals. In July, 1865, the eccentric surgeon died, and the next day it was officially reported that the doctor was a woman. No suspicion of the surgeon's sex seems ever to have been entertained, even by his most intimate associates. In addition to his other accomplishments, Dr. Barry was an inveterate smoker. *New York Journal*.

## Selections.

**A Method of Shortening the First and Second Stages in Normal Labor.**—A perfectly normal labor, lasting twenty-four hours or thereabouts, with regular, strong pains, occurring in a healthy, sensible woman, no one, I should imagine, wishes to interfere with; but there are many labors occurring in general practice in which there may be no mechanical obstacle to the passage of the child, no great rigidity of the os, no apparent ill health, nothing at first sight to remove them from the ideal class of natural labors, but in which the natural powers are rendered useless or next to useless, the patient becomes exhausted without having arrived at a satisfactory result, and after many tedious hours recourse is at last had to the forceps, from the fact that the patient is fast becoming worn out by fruitless efforts. These cases are generally those of strong, healthy, but very nervous women, surrounded by silly, helpless, tactless relatives, where possibly no previous experience of her medical attendant has awakened a sense of confidence in him. And here I must beg the forbearance of the older members when I say that a young man of no very imposing appearance finds that the assurance of his teacher is scarcely true, that a quiet, confident, pleasant manner is always sufficient to bear up against and outweigh the accumulated anxiety of patient, mother, and mother-in-law, sisters, *et hoc genus omne*, especially if some one is good enough, as she often is, to relate a hair-raising tale of recent midwifery horror.

There are other labors, too, commonly described as protracted labors from inertia of the uterus. I need not say much about these, as their description may be found in any text-book. In this class of cases the plan I am about to recommend will also be found useful. But before explaining this allow me to call your attention to the remedies already advised by authorities. I can not find that much has been said with reference to the first class beyond the moral treatment already alluded to.

With reference to inertia, Dr. F. H. Ramsbotham advised warm diluents, stimulants, ergot and borax, external warmth, external pressure by hand or bandage, friction and electricity, change of position; Denman—warm diluents, weak brandy and water, ergot, bleeding, laxatives, exercise, erect position, and exhortations to patience; Playfair recommends enemata if rectum is loaded, rupture of membrane if uterus is unduly distended, alteration of position, opiates, chloral, ergot, and pressure on uterus externally, and, if all fail, forceps. I might enumerate other authors; but as their advice is practically the same, and as we have, by this selection, included the representatives of the old and new school, I refrain.



When I first began to think about these cases my attention was drawn to two facts which doubtless have been often noticed by members in all labors. They were these: First, that the lower the head comes, and therefore the greater extent of the vagina pressed upon, the stronger and more uncontrollable become the expulsive efforts, until when the head well dilates the vulva it appears impossible for the mother to check the full force of her propulsive powers; uterus, abdominal walls, diaphragm, all unite in one steady push until the head passes. Looking at this, I was struck by the likeness of the movement to that seen in the passage of feces by the rectum or the swallowing of food by the œsophagus—distinctly reflex acts; and this irresistible conclusion forced itself upon my mind: In labor the child's head is the natural stimulus to the vagina, and through it to the uterus; the action, commencing as an automatic one, becomes a mixed automatic and reflex one as the head advances, and the greater amount of vaginal surface pressed upon the greater amount of reflex force is called out to assist. The second fact I noticed was this: that if you can succeed in getting the woman to bear down during the whole pain, more progress is made during the last portion than during the first.

Suppose a case of the first kind I have mentioned—a restless, irritable woman surrounded by ignorant, prejudiced nurses with a nervous horror of draughts, forceps, etc. I think you can unostentatiously, quietly, without causing observation, hasten your case. I know and can understand the objection that will be raised to the word "hasten," and I deprecate from the first any wish to hasten the labor merely for our own convenience or for any other reason than that of the advantage of the mother and child; but this, I think, is best consulted in some cases by cautious interference.

Now, in considering these protracted labors and their probable end in exhaustion, the question is not "where is the obstruction, and how can I remove it?" inasmuch as if there is any amount of obstruction the case is entirely removed from this category; but rather, "what natural powers have we? why are they not sufficient? and can I do any thing to *augment them* now, instead of substituting something for them when they are used up?" The answer has so far been, with one exception, "Yes, by means tending to augment the automatic action of the uterus—ergot, pressure externally by hand or bandage." I say, by all means; though with regard to ergot we all know how uncertain a remedy it is; use bandages externally, if you like, and have a nurse you can depend on. But in addition to this you have the power of exciting a reflex action of the uterus—a method of bringing on, elongating, strengthening the pains—a method which responds to your stimulus in exact ratio to your application of it, and one which may always

be relied on, because it follows the lines of nature, the eternal teacher of us all.

I said that the child's head was the natural stimulus to the maternal vaginal fibers. As it descends it involves more and more peripheral ends of nerves in its pressure; reflex currents are excited, and the uterus contracts more and more strongly. Can we imitate this? I think we can. If you pass two fingers of the right hand into the vagina, and place the tips slightly divergent upon the posterior wall, wait for a pain, and, when it begins, slowly and with measured force make gradually descending pressure upon the rectum, passing downward over the perinaeum, and so to the vulva. As the pain abates, gradually take off your pressure, and during the interval do not press at all. In this way you cheat the uterus, you cheat the patient into acting as though the child's head were lower than it really is. Members may smile, but I can assure them that over and over again, by adopting this expedient, I have found the nervous cry and the useless shrink of these nervous patients disappear, and, instead of drawing back and as of set purpose deliberately thwarting the natural efforts, the patient has settled down to her work and been saved from forceps. I firmly believe that in this way the forceps have often been rendered unnecessary, where but for this plan the patient would have exhausted herself, and the use of instruments would have been unavoidable.—*E. Stanmore Bishop, M. R. C. S., L. R. C. P., in London Med. Examiner.*

#### Dilatation of the Urethra by the Urine itself.

This process of dilatation, which M. Berenger Ferand seeks to bring again into fashion, originated with Brunninghausen, who made it known at the end of the last century. Here is the *modus faciendi* as it is described in the *Bibliothèque Germanique Médico-Chirurgicale*: "Brunninghausen has discovered a method easier, more convenient, and simpler than that by bougies, and he recommends practitioners to give it a trial; it consists in dilating the urethra by the urine itself. For this purpose it is necessary for the patient each time he wishes to micturate to lightly compress the urethral canal with the fingers behind the glans. Supposing that constriction be near the neck of the canal, as often happens, the pressure ought to be sufficiently strong to prevent the urine escaping except with difficulty and after having sojourned some time in the canal, which by this means will be found more or less dilated throughout its whole length, and consequently at the strictured spot. The patient taking care to repeat this operation every time he is obliged to micturate, he will obtain, little by little, by this means the same effect as would be expected from the use of bougies, without experiencing any of the inconveniences of these latter." To the facts cited by Brunninghausen, M. Berenger

Ferland adds several gathered from his own practice, and relating to old men affected with prostatic engorgement with difficult micturition. The following are the terms in which the physician-in-chief of the navy expresses himself upon the object and bearing of Brunninghausen's proceeding:

"1. Dilatation of the urethra by the urine being repeated at each urination, and for a long time after an attack of blenorrhagia of a certain duration, appears to me to be, judging from the facts which have come under my observation, a prophylactic means against urethral strictures.

"2. In cases of stricture not far advanced it appears to me, as Brunninghausen has stated, to have re-established the urethral caliber, if not in its normal proportions, at least sufficient for a reasonably easy micturition.

"3. After operations of urethrotomy it is perhaps a useful means of preventing, or at least of notably retarding the return of the coarctation which is too often reproduced with disheartening obstinacy.

"4. In cases of prostatic varices of the neck of the bladder, and of the membranous portion of the urethra, it appears to me also calculated to be of service.

"5. There is another category of cases which do well under dilatation of the canal by the urine itself; it is those in which a partial or total hypertrophy of the prostate deforms more or less the neck of the bladder and the corresponding portion of the canal, cases which are often enough met with in old men. It happens in individuals who are thus affected that the first drops of urine, which they emit with so much difficulty and delay, act efficiently in filling the canal when the meatus is compressed. This canal, once re-established in its ordinary caliber, then easily gives passage to the remainder of the contents of the bladder. The proceeding which we have just considered has then the happy effect of only allowing the difficulty of emission to exist for the first drops, while if it be not employed the old man is condemned to a difficult micturition throughout the whole act; a micturition, moreover, which is accomplished intermittently, the effect of which is the soiling of the clothes, while the incomplete emptying of the bladder gives rise to spurious desires to urinate, which, returning and disappearing unseasonably, end in being at once a source of moral torment and a very disagreeable physical infirmity."—*Bullet. de Thér. et Chir.—Canada Journal*.

**A Case in proof of the Non-identity of Variola and Varicella.**—Dr. Seymour J. Sharkey, Resident Assistant Physician, St. Thomas's Hospital, reports (*Lancet*) the following:

"Thomas B., aged five years, left the scarlet-fever ward of St. Thomas's Hospital, November 22, 1876,

where he had been under the care of Dr. Bristowe. In the same block, and on the floor above, there were during the child's stay in the hospital several cases of small-pox. Since his discharge from the hospital he had never felt quite well, but had suffered from headache, slight pain in the back, and anorexia. His friends brought him back on November 28th, with a vesicular eruption upon him, which was said to have appeared first upon the legs, though it was then most profuse upon the abdomen and back. The child was stated never to have had chicken-pox and never to have been vaccinated, and there were no marks of vaccination upon him.

"On admission the eruption was not well enough developed to make a certain diagnosis between varicella and variola, and he was therefore isolated in a small ward upon the same floor as the small-pox wards. Soon, however, the disease showed all the characteristics of varicella, and was pronounced to be so by Dr. Risdon Bennett and by Dr. Bristowe. The patient was then removed to the floor below, and during the next few days fresh crops of vesicles appeared, which were vesicular from the first, had no induration around them, and dried up rapidly.

"As small-pox was rife in London, and there were cases of the disease in the block, it was thought advisable to vaccinate the child at once. This was done in four places on November 30th. Four very fine vesicles resulted, which ran their normal course at first, but the areola was never properly developed round them. On the 7th of December—that is, on the eighth day from vaccination—the child became very restless, his sleep was much disturbed by dreams and apparitions; he had pain in the back, vomited several times, and was feverish. The vomiting was frequent and violent on the following day, and on the 9th of December a few papules appeared on the face, then on the arms; and on the 11th the face, arms, legs, back, and abdomen showed a profuse crop of papules which were clearly the early eruption of small-pox, the scabs of varicella being still present. The primary fever was very considerable, the temperature reaching 105° F., but as soon as the eruption appeared it dropped to 99°. The eruption developed in the ordinary way, and secondary fever of moderate intensity set in early, as shown in the temperature chart. The eruption was profuse, but not confluent. Convalescence was very tedious, and was interrupted by an enormous, hard swelling upon the left side of the neck beneath the lower jaw, which appeared to commence in the lymphatic glands, and subsequently suppurated. The child recovered, however, and was discharged from the hospital on the 10th of February, 1877.

"This is a case of considerable importance, and one that should be put upon record, and the paper recently read by Dr. Farquharson before the Clinical

Society has led Dr. Bristowe to give me permission to publish it at once. It places beyond doubt the non-identity of varicella and variola, and shows that vaccination does not prevent the incubating poison of small-pox from producing a well-developed attack of the disease, though eight days have elapsed from the time of the operation. It also shows that an individual may harbor at the same time the poisons of two infectious diseases, or at any rate the poisons of varicella and variola, each of which shall in due time produce a well-marked attack of the disease in which it originated. For if we take twelve days as the usual period of the incubation of small-pox, and ten to sixteen days (Bristowe) as the extremes, the patient in question must have been infected by the poison of variola either when the eruption of varicella was out or during the time of incubation of that disease."

**Opium for the Photophobia of Scrofulous Children.**—Dr. F. Betz (*Memorabilien*, 7 Heft, 1877) states that the application of opiates in this affection is practicable, and that the greater ease and exactitude of carrying it out would soon cause it to supersede the atropine treatment. It being impossible for us to always keep these cases directly under our charge, the following plan seemed to him the best to be adopted. He begins by ordering five to six drops of the tincture of opium to children, two or three years of age, just before retiring; older children receiving corresponding doses. Besides this a compress dipped in cold water, and folded six or eight times, is so bound to the face as to cover the forehead and upper part of the face, extending at the same time well over both eyes. In very severe cases the compress may be dipped into ice-water. At any rate, the opiate is the principal feature, and the dose of this is gradually increased until quiet sleep is secured. Photophobic children are generally restless during their sleep, turning and crying out every few minutes. The opiate controls this symptom. The first local sign of improvement is that the children open their eyes earlier in the morning. The action of the opiate is often so prompt that a remarkable improvement is observed after a single administration, and now and then a complete disappearance of the photophobia after a few days' treatment. Other local applications often require treatment for a longer time. The great change in the disposition of the heretofore peevish and irritable child shows how much the pain produced by too bright a light affects the entire sensitive nervous system. To guard against relapses, Betz continues the evening dose of opium for a considerable period, and expresses the opinion that the general nutrition is improved thereby.—*Allgemeine Wiener Med. Zeitung*.—*Canada Scalpel*.

**Iodoform.**—M. Cuffer, in *La France Médicale*, speaks highly of the therapeutic effects of iodoform as an external application. He states that although no very appreciable benefit has followed its internal administration, its topical influence is very evident. Iodoform has a double action—anæsthetic and cicatrizing. Its anæsthetic properties render it useful in anal fissures, hemorrhoids, ulcerations of the throat, and ulcerated cancers, especially those of the face, mouth, breast, and cervix uteri. It is necessary to use the remedy in fine powder, and to apply it carefully to all the diseased surface. The simplest way to obtain it in fine powder is to dissolve it in ether, and allow the latter to evaporate. In using it for hemorrhoids it should be made into suppositories. It can be applied without danger in considerable doses, no bad effects having resulted from its use.

Its cicatrizing action is astonishing in its rapidity. Soft chancres, ulcerated buboes, mucous patches, and syphilitic ulcers of any kind yield to it. Phagadenic ulcers are often arrested in their course, and onychiæ are cured in a few days. Scrofulous sores, lupus, and epithelioma of the lip have shown remarkable amelioration after its application. Inflammatory symptoms disappear and exuberant granulations lose their unhealthy aspect, the progress made toward cure in a single day following the use of iodoform being often astonishing. Its penetrating odor is a great objection to its use, but nothing that has been tried as a substitute has given corresponding results. Its application requires certain precautions. The first is to apply it after thoroughly cleansing the wound. This may be done with the spray of warm water. Then the powder is applied and the wound covered with lint, the dressing being changed daily or twice a day at first, the intervals being gradually lengthened as the cicatrization progresses. It may be applied to the throat or to the neck of the uterus by dissolving it in ether and using the spray-apparatus. (Tannin is said to disguise the smell of iodoform).—*Canadian Journal*.

**Malt as an Antiscorbutic.**—Considering the exhaustive nature of the evidence produced before the Scurvy Inquiry Committee as to the relative merits of different antiscorbutic articles of diet, it is surprising no reference was made to the excellent antiscorbutic properties of malt. This property was known and fully valued by the Elizabethan mariners, for we learn from Hakluyt that hogsheads of ale were considered important adjuncts in victualing a ship in those days. Glauber, the celebrated chemist, in a tract, entitled "Consolation for Mariners," written about the beginning of the seventeenth century, strongly advocates the claims of malt, or sweet wort, as a preventive and a remedy for scurvy. It is probable, in these degenerate days of light bitter

ales, beer sufficiently good to stand a prolonged sea-voyage and changes of climate could not be supplied to ship-owners at rates moderate enough to enable them to issue it as a daily ration to their crews. The abundant supply of bottled ale and stout, which is generally to be found in the "cabin," is perhaps one of the chief reasons why the officers on board scurvy-stricken ships are always exempt from the disease. But if good ale is too expensive an article to be supplied to the crew, the same can not be urged against the various preparations of malt. Dr. Ralfe, who has recently tried malt extract in a case of scurvy under his care at the Seaman's Hospital, found the patient improved considerably from its administration, in spite of his being kept on strictly "scurbutic" diet. Although malt extract is inferior as an antiscorbutic to lime-juice and potato, still its powers in this respect are undoubtedly very high, and it would be a most useful addition to the otherwise scorbutic dietary of the common sailor. Malt extract is extremely palatable, and persons who are in the habit of using it get to like it exceedingly. An infusion of malt, to which perhaps a little extract of hop is added, would, we are sure, speedily become a favorite brew in the forecabin. Malt extract is very portable, and can be easily packed; a great advantage to travelers, who could carry it either in jars in the liquid state, or in the solid form as compressed malt in blocks, or made up into lozenges.—*Lancet*.

**Precautions in administering Acid Medicines.**—In an article on the teeth, in the British Medical Journal, Mr. A. Stewart writes:

"As the ordinary expedient of a glass tube is seldom used so effectively as to prevent the acid reaching the teeth, other means must be used to prevent its ruinous effects on them; and, being confident from long experience that the neutralization of the acid by a weak alkaline solution is invariably effective, I hope the time may soon come when every prescription containing an acid will be accompanied by an injunction to rinse the mouth immediately after every dose with a solution of the kind.

"The form I have always recommended is a teaspoonful of bicarbonate of soda and a tablespoonful of eau de Cologne in a quart (a wine-bottleful) of water; a little hot water being added, if required, to warm the small quantity poured out for use. This is agreeable, easily remembered, and readily renewed. In hospital and dispensary practice, and by the poorer classes, a small piece of camphor may replace the eau de Cologne, and will serve quite as well to make the solution agreeable. This or some similar solution should be used to rinse the mouth at least every night at bedtime, but better after every meal, whenever there is a suspicion of acid acting or having acted on the teeth, and may be relied on to preserve

those that have not been permeated; and I think that dentinal softening of recent origin and small extent may be arrested by its continued use. It should be used several times a day from the commencement of every pregnancy. The mouth should be rinsed with it not only after every dose of mineral acid medicine, but also as soon as possible after acid fruits and whatever tastes acid in the slightest degree.

"In case of serious illness, when the teeth are likely to be invaded by acidity from various sources, it may be possible to use it as a preventive when the toothbrush can not be used, and in addition to it when it can. And as it is more than a preventive of caries, often sufficing to keep threatening cavities quiet till they can be treated by operative means, it will be found so far serviceable during pregnancy and illness."

**Glycerole of Phosphorus.**—Glycerole of phosphorus has mostly been prepared by heating the glycerine and dissolving phosphorus in it. Frequently, however, there appears when the solution cools an opalescence and a deposit, which is due to a separation of phosphorus. To prevent this M. Mèniere recommends (*Répert. de Pharm.*, 1877, 354) to employ phosphorus in a finely-divided state, which may be obtained by mixing it with a substance soluble in glycerine itself. Sugar or gum arabic are probably best adapted for this purpose. Either of these, in powder, is mixed with a little glycerine, to obtain a mixture of the consistency of honey. This is heated on the water-bath, the phosphorus is added and intimately incorporated with it; then the remainder of the glycerine is added, first in small quantities at a time, and care is taken that the temperature does not exceed 50° C. (122° F.) Dorvault, in his *Officine*, recommends to make a solution containing 0.10 gm. of glycerine. M. Mèniere, however, thinks Reveil's formula is preferable. This contains 0.10 gm. phosphorus in 1.000 gm. of glycerine, and is much better borne by the stomach, even in equivalent doses, than the former. In England pills continue to be the most frequently-used preparation.—*Doctor*.

**For Pain in Carcinoma of Uterus.**—In cases of medullary carcinoma and progressive epithelioma of the uterus, powdered ergot in doses of thirty grains every six hours has proved very beneficial against the terrible pain; for, as a rule, when there is an increase in the amount of blood flowing from the diseased tissue, the pain is much diminished; but in patients who are very much reduced already by the loss of blood, this treatment can not be carried out. As local treatment, pieces of cotton wool soaked in strong carbolic acid should be applied to the cervix.—*Boston Journal*.